



STATE OF FLORIDA
AMENDMENT TO THE STATEWIDE SCHOOL READINESS
PROVIDER CONTRACT
Form DEL-SR 20A

I. General Amendment Information

Amendment Number:	
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II. Parties and Terms of Contract Amendment

This Amendment to the Statewide School Readiness (SR) Provider Contract is entered into between the Early Learning Coalition of _____ (COALITION) and _____ SR provider (PROVIDER).

WHEREAS, <Contract start date> COALITION entered into the Contract with PROVIDER to provide SR services; and

WHEREAS, PROVIDER or COALITION desires to amend this Contract to replace, delete, or supplement one of the following provisions of the existing Contract; and

WHEREAS, COALITION agrees to amend the Contract as indicated in Section III.

III. Amendments

The Contract is hereby amended to replace the following as noted below (check each applicable box for the modified term(s)).

☐ **Doing Business As Name (DBA) (Paragraph 1).**

The deleted DBA name is:

_____.

The replacement DBA name is:

_____.

Reason for modification (notes):

_____.

☐ **Location of the Provider's Principal Office (Paragraph 1).** **If the provider's principal office is a site serving children, then the provider's principal office is not amendable. Sites serving children must have a fully compliant health and safety inspection at the new site to execute a new contract.*

The deleted address is:

_____.

The replacement address is:

_____.

Reason for modification (notes):

_____.



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AMENDMENT TO THE STATEWIDE SCHOOL READINESS
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- ☐ **Adding or Deleting Provider Locations, if a multi-site provider (Exhibit 1).** **New sites must have a fully compliant health and safety inspection prior to executing this Amendment.*

The added/deleted location(s) and address(es):

Reason for modification (notes):

- ☐ **Curricula (Paragraph 16).**

The state-approved curriculum will now be:

with the edition date of: _____.

- ☐ **Character Development Program (Paragraph 17).**

with the edition date of: _____.

- ☐ **Change in Signature Authority (Exhibit 2, number 4).**

The removed signature authority is:

The replacement signature authority is:

Reason for modification (notes):

- ☐ **Change in Provider's Program Assessment Requirements (Paragraph 7).** *For multi-site providers, a change to the program assessment specifics is shown on the attached Exhibit 1.*

- a. PROVIDER had been exempt from program assessment and is now required to have a program assessment: ☐ Yes ☐ No
- b. PROVIDER is required to have a program assessment and does not currently meet the criteria to be assessed: ☐ Yes ☐ No
- c. PROVIDER's most recent program assessment score impacts its ability to receive a Quality Performance Incentive (QPI) differential (*attach an amended Exhibit 5*): ☐ Yes ☐ No
- d. PROVIDER's most recent composite program assessment score:

Reason for modification (notes):



STATE OF FLORIDA
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☐ **Change in the Contracted Slots Program (Paragraph 8).** *Attach an amended Exhibit 4, as needed.*

- a. COALITION participates in Contracted Slots: ☐ Yes ☐ No
- b. PROVIDER participates in Contracted Slots: ☐ Yes ☐ No
- c. COALITION and PROVIDER agree upon the number of contracted slots described here:

_____.

_____.

_____.

Reason for modification (notes):

_____.

☐ **Change in provider's selection to conduct child assessments or eligibility to receive the child assessment rate (Paragraph 34).** *Attach an amended Exhibit 5, as needed.*

Reason for modification (notes):

_____.

☐ **Change in provider's Quality Improvement Plan (Exhibit 3).** COALITION and PROVIDER agree to modify PROVIDER's Quality Improvement Plan on the attached and incorporated revised Exhibit 3.

Reason for modification (notes):

_____.

☐ **Coalition Reimbursement Rates (Exhibit 5).** COALITION is replacing its original documentation of the coalition reimbursement rates included in Exhibit 5 with amended COALITION reimbursement rates on the attached and incorporated revised Exhibit 5.

☐ **Change in Holidays (Paragraph 58 and Exhibit 6).** *Attach an amended Exhibit 6, as needed.*

☐ COALITION modifies the approved number of holiday days per year from ____ days to ____ days as amended in Exhibit 6, Holiday Schedule, which has been attached to and incorporated in this Amendment.

☐ PROVIDER has modified its Holiday Schedule with respect to either the holiday observed or the date observed and has attached and incorporated in this Amendment the revised Exhibit 6: Holiday Schedule.

☐ **Coalition Contact Persons and Information (Paragraph 86).**

☐ The new contact person is: <name, telephone number and email> who replaces <name> as contact for <COALITION>.

☐ The contact person had a change in contact information. The new contact information for COALITION contact is: <name, telephone number and email>.

☐ **Provider Contact Persons and Information (Paragraph 86).**

☐ The new contact person is: <name, telephone number and email> _____
who replaces <name> _____ as contact for <PROVIDER> _____.



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☐ The contact person had a change in contact information. The new contact information for PROVIDER contact is: <name, telephone number and email>.

☐ **Gold Seal Status (Exhibit 2, number 1).** *Attach an amended Exhibit 5, as needed.*

☐ PROVIDER has had a change in its Gold Seal designation for ____ birth to 5 and/or ____ school age and has attached to this Amendment a copy of documentation of this change in status.

Reason for modification (notes): _____.

☐ **Liability Insurance (Exhibit 2, number 4).**

PROVIDER has changed its liability insurance effective on <date> and has attached to this Amendment evidence of this new coverage.

Reason for modification (notes): _____.

☐ **Provider Reimbursement Rates (Exhibit 5).** *Attach an amended Exhibit 5, as needed.*

PROVIDER has modified its Care Levels Served, Registration Fees, or Operational Hours, effective ____ and has attached and incorporated in this Amendment the revised Exhibit 5: Provider Reimbursement Rates. COALITION has completed the remaining sections of Exhibit 5 (Coalition Reimbursement Rates and the Provider Reimbursement Rate) and entered the new effective date as referenced on the Exhibit prior to attaching the revised Exhibit 5 to this Amendment.

The change is to: ☐ Care Levels Served, ☐ Registration Fees, and/or ☐ Operational Hours.

IV. Execution of Amendment

All provisions in the Contract and any attachments/exhibits in conflict with this Amendment shall be and are hereby changed to conform to this Amendment. All provisions not in conflict with this Amendment are still in full force and effect in accordance with its terms and are to be performed at the level and in the manner specified in the Contract.

IN WITNESS WHEREOF, the parties have caused this <total number of pages> page Amendment to be executed by their proper and duly authorized representatives.

Warranty of Authority. Each person signing this Amendment warrants that he or she is duly authorized to do so and to bind the respective party to the Amendment.

Effective Date of Amendment: _____

Signature of President/Vice President/

Print Name



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**Secretary/Officer/Owner/Principal/Other
Authorized Representative**

☐ By Electronic Signature

Title

Date

**Provider's Additional Signatory (If required by the
Provider)**

☐ By Electronic Signature

Print Name

Title

Date

Signature of Authorized Coalition Representative

☐ By Electronic Signature

Print Name

Title

Date

**Electronic Signature: By providing this electronic signature, I attest that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I confirm that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature.*